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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SOME OBSERVATIONS UPON FAVUS.

BY SIMON S. KOSER, M. D.,
of Pottsville, Pa.

In the consideration of the character and causation of but few diseases has more confusion existed in the profession at large, perhaps, than in the study of favus. With the notable exception of Mr. Erasmus Wilson, however, nearly all dermatologists of reputation now agree to consider it a contagious eruption, generally having its primary manifestations upon the hairy scalp, and characterized secondarily by the formation of crusts of a pathognomonic appearance. Its contagious nature is supposed to be attributable to the transmission, by actual contact of the sporules, etc., of a fungus, called, in honor of its distinguished discoverer, the *achorion Schönleini*, which he first described in the year 1839. It is not our inclination to enter into the long-waged discussion as to the nature of this parasite (if it has been proven to be such), whether there is but a common one for all these skin diseases, as advanced by Hebra, or whether, according to Devergie, their presence is an accidental occurrence. This our ability and space do not warrant, and our brief remarks shall be of a more practical, and, perhaps, profitable character.

I was consulted by a lady, who was a stranger to me, concerning an eruption that four of her children, of ages ranging from two to ten years, had been suffering from for some time past, and which proved quite obstinate to the treatment of the physician

under whose care they had been up to that date. Upon examination, I found upon the head of each child a few scabs or crusts, and those first affected also presented the same condition upon the arms and the abdomen. The crusts, generally, were isolated, and possessed all those peculiar characteristics of favus which rendered a diagnosis unmistakable, although I only came to a conclusion after a thorough examination of each case, as favus is so rarely met with in this country, especially outside of our great cities. They varied from three to nine lines in diameter, were sunken beneath the surface of the skin, and, in figure, were cup-shaped, being concave externally, and convex internally. The thick, dead-looking crust in the centre of the depression served to give them the "crab's-eye" appearance, around which a condition was presented as if sprinkled over with a mixture of sulphur and flour, while some of the older ones were becoming dry and pulverulent, crumbling away, and losing their characteristic shape. Only one child had any eruption over its eyebrows, and but three of the four more or less upon the body, it having appeared in each case first upon the scalp. While eliciting their histories, the mother insisted that the children had contracted it from a cat, with which they had been amusing themselves, relating the following account: It was noticed the cat had borne a number of crusts some three months previous to the time she called upon me, and in a short period the mother saw that something of the same sort was successively attacking her children. As no grave symptoms were immediately manifest, but little attention was directed to

it, until it was found that the neighboring children, who had been accustomed to play with the same cat, presented an identical condition. By this time several kittens, offspring of this cat, similarly affected, were given away, and taken to different parts of the community, and, strange to say, the same history was found in each case; that the children who nursed these cats invariably contracted the same disease, and those alone. In a couple of weeks more the family moved to a different street, taking with them the original cat, when the neighboring children, who fondled the animal, were attacked as the others had been, as was also a child who had just been brought from Baltimore by its mother, who was visiting a neighbor. In this manner all the children who played with either of the cats took the disease, and they alone.

This story seemed too plausible to be mere credulity, hence I proceeded to make some inquiries for my satisfaction, believing that where there is so much smoke of evidence, there is at least some fire of truth. I examined the original cat, and found the scabs very nearly identical in appearance with the favus crusts on the two families of children then under my observation. Knowing that this disease sometimes occurs in the lower animals, and being prompted by this novel history, I inoculated a healthy cat and a healthy dog with a portion of crust taken from the diseased animal, and found it would "take," and produce a scab just like the one from which I inoculated. And, knowing further, that the theory has been advanced of the possibility of contracting the disease from the inferior orders of creation, especially the feline family, I wished to get some light upon the truth or fallacy of this hypothesis, by endeavoring to transfer it from my inoculated cat to the arm of a child, by the same operation, which, to my surprise, proved to be successful. Now, to make a brief resumé of the whole, we have, first, the history of the cases, than which no stronger argument could be offered to support the truth of this theory; secondly, if the disease can be inoculated in this manner from one animal to another, is it not reasonable to suppose that it can be contracted by an animal from one of its kind; and, thirdly, if one of the lower animals can thus contract it from its fellow, and if it can be transferred from them to the human subject by inoculation, what reason have we to doubt that

man may contract it from them by actual contact? From the facts in the case, and from the experiments related, we feel justified in believing that these children received this disease from those cats, and that favus can so be transferred. Physicians have frequently inoculated their own persons from a patient, but if observations like these have before been published we are not aware of the fact, and should be glad to receive more information by learning of similar occurrences, if any have been noticed.

There was an absence of tubercular history in all the cases seen by me, which does not coincide with the opinion of Neukranz, who considers favus and tuberculosis to be identical departures from health.

The hair became very dry, and presented an appearance as if dead, which was very noticeable. And where the crusts fell off, an unhealthy, bluish-colored spot remained, upon which the hair was at least slowly reproduced, if, indeed, at all.

The hygienic conditions under which these families lived were not the most favorable to health and bodily vigor, which was plainly shown in the squalid features of the children, who, we have reason to suppose, suffered greatly from poor diet and lack of ventilation. This condition of affairs undoubtedly played a prominent part in originating and sustaining this disease, and explains why the few cases that occur in this country are nearly always in the crowded alleys of our great cities.

But the principal idea that we wish to impress with this article is that favus can undoubtedly be transmitted from the lower animals to man, at least when brought in such intimate contact as these children were with the cats, by constant nursing and fondling.

—The danger of excessive training for contests of strength, muscular or mental, has been often exemplified. Very hard study, Dr. Richardson shows, leads to Bright's disease, and more than one student has fallen a victim to it. Recently the telegraph announced the wearing out of the life of an athlete of another description—"Heenan," the once-famous pugilist. He has been in a failing state almost continuously since his return from England. He, too, passed through the dreadful ordeal of a severe "professional" training, and was at one time believed to be one of the finest specimens of the mere physical man in existence. But the fatal results of overtaxed energies, of exhausting drafts upon his vitality, soon showed themselves in his premature decay.

EDITORIAL DEPARTMENT.

PERISCOPE.

Selected Abstracts.

We make the following selection of abstracts of papers read before the late meeting of the British Medical Association :—

ENLARGEMENT OF THE BRONCHIAL GLANDS.

By Noel Gueneau de Mussy, M., D. Paris.

The enlargement, etc., of the bronchial glands, noticed by the anatomists as very common, has been described by the pathologists only in its most severe forms, and as very rarely met in adults. It is, however, very common. It may complicate all the affections in which the respiratory organs are concerned, and modify both the physical and the physiological symptoms of these affections. It usually produces cough or dyspnoea; in some cases aphonia and vomiting, according to the relation of the enlarged glands to the pneumogastric nerve, or to a portion of that nerve. Protracted whooping-cough, lasting, it may be, several years, is connected with this enlargement. The physical sounds are rubbing, impairment of elasticity, and acute percussion-sound at the upper part of the sternum, the inner part of the first two ribs, the intercostal spaces, and the sterno-clavicular joints; and posteriorly over the laminae of the first four vertebrae, usually on one side. On auscultation, there are weakness, acuteness, roughness of the respiratory murmur in one part or in the whole of one lung; generally protracted respiration; sometimes localized sibilant rhonchus; and very often, near to the spine and to the sternum, an expiratory *souffle*, which is the tracheal respiration conducted by the enlarged glands. Sometimes these signs may be modified by the movements of the neck. The treatment recommended was iodine internally, and locally chloride of sodium, arsenate and carbonate of soda, and such general means as improve the lymphatic constitution.

THE GERM-THEORY OF DISEASE.

By T. J. MacLagan, M.D., Dundee.

It might be accepted as proved that contagium is particulate and organized. Being organized, it must be animal or vegetable. It was an accepted fact that the contagium is reproduced to an enormous extent in the system. The reproduction of an animal organism is competent to the production of the essential phenomena of idiopathic fever. These are: 1. Increased waste of the nitrogenous tissues; 2. Increased consumption of water; 3. Prematural heat; 4. Increased frequency of the cardiac action; 5. Increased frequency of respiration. An animal organ-

ism consumes oxygen, nitrogen, and water, and gives off carbonic acid. 1. The increased waste, or, more properly, diminished bulk, of the nitrogenous tissues may be due in part to increased disintegration, but is mainly attributable to defective supply, consequent on the consumption by the contagium of particles of the nitrogen which enters the blood from the assimilated ingesta, and which is laid hold of by the contagium at the moment when it is about to pass from the circulating to the organ albumen. The propagation of the contagium takes place in the tissues; and the action which normally results in the formation of tissue, during the continuance of idiopathic fever, results in the formation of the protoplasm of the contagium-particles. This action is identical with that which leads to the formation of tissue, and is accompanied by the same increased flow of blood through the capillaries which would result from increased tissue action. The contagium arrests the nitrogen requisite to the completion of the constructive tissue changes, but the retrogressive changes go on, and urea is formed in increased quantity. 2. The increased consumption of water is due to the increased demand for that fluid consequent on the propagation of an organism which largely consumes water. 3. Prematural heat is due to excessive consumption of the oxygen, nitrogen, and water by the contagium. It is immaterial, so far as the production of increased heat is concerned, whether the consumption of these materials results in the formation of tissue or of the protoplasm of the contagium. 4. Increased frequency of the heart's action results from the general hastening of the blood-flow through the capillaries; and this, in its turn, is due to the increased demand for blood in the tissues consequent on the propagation of an organism having wants identical with their own. 5. Increased frequency of respiration may be due to diminished supply of oxygen, or to excess of carbonic acid; to whichever cause it is attributed, the reproduction in the system of an organism which consumes oxygen and gives off carbonic acid is capable of giving rise to it. All the other phenomena of fever which are usually attributed to blood-poisoning are really due to defective supply of nutrient material. The typhoid symptoms, the delirium, and even the convulsions which occur in severe cases, are all of anæmic rather than of uræmic origin. This theory affords a sound pathological basis for that treatment which clinical experience has shown to be most successful, and which essentially consists in giving to the patient what his system is deprived of by the propagation of the contagium, oxygen, nitrogen, and water; fresh air, easily di-

gested nitrogenous food, and water *ad libitum*.

THE SYMPTOMATIC ALTERATIONS OF MUSCLES.

By George Hayem, M.D., Paris.

This expression was used by Dr. Hayem to denote the changes which take place in muscle under the influence of most diseases. He had found them not only in acute specific diseases, but also in diseases of slow progress, leading gradually to marasmus and cachexia. The mode of evolution and the histological characters of the changes were found to differ according to the disease which they attended. The general result of numerous researches made by M. Hayem was to show that the muscular system indicates, in distinct anatomical characters, the general disturbance of nutrition which attends all diseases. It might be said, in general terms, that, when nutrition suffers, the muscular tissue has a tendency to disappear, at least partly, more or less rapidly in various ways. Along with this process of destruction, there is also, both in chronic cachectic states and in acute diseases, a constant effort at repair, attended with varying results. The new muscular fibres, in all these cases, are formed by proliferation, either of the pre-existing muscular cells, or of the cells of the connective tissue (the internal and external perimysium). M. Hayem had found changes in the heart analogous to those met with in the muscles of the body, both of destruction and of reproduction of muscular fibres. The paper was illustrated by specimens.

ON THE CAUSES AND TREATMENT OF CERTAIN FORMS OF SLEEPLESSNESS.

By Dyce Duckworth, M.D.

In this communication the author called attention to certain forms of insomnia that appeared to have escaped the attention of many systematic and special writers. In especial, it was shown that a most common cause was dyspepsia occurring at night. The peculiarities and clinical facts of this nocturnal dyspepsia were discussed, and its relation to atonic dyspepsia was pointed out. The insomnia due to excessive use of tea, coffee, and tobacco were described; also that due to bodily and mental exhaustion. The appropriate treatment of the forms of dyspepsia, and of the sleeplessness resulting was fully dwelt upon. The insomnia due to over-anxiety or prolonged loss of sleep; the "insomnia of bad habit," was next discussed; while that form due to the presence of certain odors, and of defective hygrometric conditions of atmosphere was also treated. Remarks were made as to posture, and the condition of the cerebral circulation during sleep, and, lastly, the methods of treatment for the varying causes of insomnia were discussed at length.

Dr. Gairdner, Glasgow, doubted whether the indigestion were the cause of the sleeplessness. He rather thought the dyspepsia

and the insomnia were due to a common cause.

ON A NEW METHOD OF DETERMINING THE PRESENCE OF, AND RECOVERY FROM, TRUE RINGWORM.

By Dyce Duckworth, M.D.

The author called attention to the action of chloroform upon the infected hairs in cases of tinea tonsurans. It was shown that this agent caused the hairs to become white or slightly yellow in color, and thus to be distinctly mapped out and easily distinguishable from surrounding healthy hairs. The causes of the change were briefly discussed, and the particular phases of the disorder suitable for this application were pointed out. The effect of chloroform on patches of favus, tinea versicolor, melasma, and alopecia areata was likewise discussed. It was shown that no other reagent, so far as was known, possessed the peculiar properties of chloroform in affecting parasitically diseased hairs.

WHAT IS CHOLERA?

By W. S. Oliver, M.D.

Dr. Oliver stated his theory of cholera to be, that a poison (at present unknown) enters the circulation through the gastro-intestinal or the pulmonary mucous membrane, most frequently the former; and that this poison either temporarily paralyzes, or, if excessive, entirely deviates the vital property which influences the germinal matter of which the body is composed, and permits the physical to supersede the vital actions occurring in the tissues. He considered that cholera is not of a fungoid nature, but that certain fungi multiply in the intestines in this disease, as they sometimes do in other forms of gastric or intestinal derangement. There was, he thought, but little doubt that the cholera poison was a fluid, and highly miscible with water, and capable of being volatilized or refrigerated by moderately high or low temperatures. For treatment he recommended hyposulphites and carbolates, transfusion of healthy blood, and saline baths or drinks.

ON THE FORMATION OF URIC ACID CALCULI.

By George Harley, M.D., F.R.S.

There had recently been published some discordant views on the subject, which, instead of advancing our knowledge, seemed rather to carry us back to the time ere physiological chemistry had revealed the true nature of calculi; and laid a sound foundation for their rational treatment. As perfectly healthy urine never contained any deposit, the frequent appearance of a crystalline or amorphous sediment in the urine was a sign which ought never to be disregarded, as it was the earliest indication of the formation of a urinary concretion; and it was in this early stage that medicine was potent in arresting and eradicating the disease. The deposition of a calculus in any part of the urinary passages, no matter

whether it were a constitutional or accidental one, was always due to some special local cause, which might be trifling or temporary. When the deposition of urinary sediment had begun, the calculus went on increasing independently of the original local condition. The proportion of patients affected with uric acid, when compared with those laboring under other kinds of stone, was as seven to ten, or seventy per cent. Calculi composed of uric acid and urates had two distinct modes of formation, the crystalline and the molecular. In the formation of both of these kinds of calculi, the crystalloid was united with a certain amount of colloid material. As regarded the color of uric acid calculi, which was known to vary from a white or pale yellow fawn to a rich mahogany red or dark chestnut brown color, Dr. George Harley stated that it depended entirely upon the urohæmatine present in the urine; the calculus varying in depth of color according as the quantity of urohæmatine was small or great, just in the same way as crystals of sugar-candy owed their pink, yellow, or other tints to the pigment present in the water out of which they were crystallized. According to the author, nearly all uric acid calculi originated in the kidneys, and were washed down into the bladder with the urine. It was usually stated in books that uric acid gravel chiefly affected the well-fed and corpulent; but this, the writer stated, was a great error, as it equally occurred among the poorly nourished and emaciated. He concluded the remarks by stating that constitutional calculi occurred at every period of life, from the cradle to the grave. Moreover, he believed it quite possible that, in cases where there was a strong hereditary tendency to the uric acid diathesis (which could be often traced through three or four generations), calculi might begin to form in the pelvis of the kidney while the fœtus was yet *in utero*.

THE PREVENTIVE TREATMENT OF URIC ACID CALCULI.

By George Harley, M. D., F. R. S.

Dr. Harley limited himself to the consideration of the means of arresting the formation of uric acid calculi, and facilitating the discharge of those not already too large to be voided by the natural channel, which included all calculi not exceeding the size of field-beans. Tea, coffee, wines and beers were to be prohibited, or, at least, prescribed in very great moderation, to patients laboring under the uric acid diathesis. He next alluded to the recent proposal of Dr. Day, of Victoria, to give ozonic ether in such cases, and passed on to the consideration of the alkaline treatment. From the very earliest times, alkalines have been resorted to with the view of retaining uric acid in solution until its expulsion from the body; and what the ancients did empirically we moderns did scientifically by improved methods, and with much greater success. The alkalies now in most general use were soda, potash and lithia, in the form of carbonates, citrates and ace-

tates. Ammonia, on the other hand, was avoided in the uric acid diathesis, on account of the salt which it formed being less soluble than any of the others. The common idea was, that the action of alkalies in the uric acid diathesis was solely and purely a chemical one. There, no doubt, existed a chemical action, and that a most important one; but, beyond this, there was an important physiological action produced in the body, through which the oxidation process was so much increased as to transform the little soluble uric acid into the very soluble urea. To Dr. Basham was owed the establishment of this as a clinical fact. In the treatment of the uric acid diathesis, more depended on the dose than on the kind of alkali given. As a general law, it is unnecessary to render the urine more than neutral, except in cases where we were attempting the dissolution of stones already formed; but, even then, there was danger in making the urine either too alkaline, or retaining it in an alkaline state for too great a length of time. Dr. Nunneley found that from ten to eighteen drachms of citrate of potash in twenty-four hours notably diminished the excretion of urea; and Dr. Basham found that half-drachm doses given three times a day augmented it to even double or treble its previous amount. Dr. W. Roberts, of Manchester, found that, while sixty grains of carbonate of potash to a pint of water daily dissolved twenty per cent. of a uric acid calculus, the solvent power of the solution gradually diminished as the solution was made weaker or stronger. Dr. George Harley called attention to the very great importance of the quantity and quality of the drinking water. Patients who had suffered from gravel or stone in one district, frequently got rid of it on removing to another; and this he had been able to trace to the difference in the quality of water. Hard water, especially that from chalky districts, caused stone; soft water cured it. He consequently recommended the free use of distilled water, not only as a menstruum for the medicine, but also for cooking purposes. Moreover, as the more pure water taken, *ceteris paribus*, the more effectual was the treatment, he gave his patients, when possible, from twenty to forty ounces of filtered rain or distilled water in the twenty-four hours; and, where they objected to its unpalatability, a squeeze of lemon or a pinch of salt was added to it. Hard water must, in all cases, be avoided. The only substantial benefit derived from mineral waters was, he believed, that the medicine was there given in a very dilute form. In mineral waters the relative proportions of their ingredients were not regulated according to the age, constitution, state of health, and other special requirements of the patient. As regarded the benefit of mineral waters in the uric acid diathesis, he pointed out that, contrary to some recent published opinions, it was due chiefly to the alkaline salts they contained. The writer concluded by saying that the chief obstacle to our success with chemical therapeutics in

the treatment of calculi lay in the imperfect knowledge of physiology and chemistry possessed by practical men, who almost invariably failed in their endeavors to combine science with empiricism.

ON A CASE OF LOCAL SOFTENING OF THE BRAIN FROM THROMBOSIS OF SYPHILITIC ARTERIES.

By J. Hughlings Jackson, M. D.

A gentleman, aged 38, in apparently good health, was first seen in July, 1867, for recent (July 14th) paralysis of the parts supplied by the left portio dura nerve, and for recent partial deafness of the left ear. There were also remains of paralysis of the right leg, which had begun in April. He rapidly got rid of all his nervous symptoms after taking iodide of potassium; but he did not continue the drug, because he believed all his ailments to be owing to ague poison. He had been in the West Indies, and still remained subject to slight shivering attacks. He had had primary syphilis fifteen years before. He remained well until March 2d, 1868, when he became hemiplegic of the left side. He would not take any drugs except aperients. Nevertheless, in about a week he was apparently well again; but on March 21st, he was found apoplectic and again hemiplegic, this time of the right side. He died next day. At the necropsy, there were found diffused softening of part of the right corpus striatum, and also softening of the left corpus striatum. There was syphilitic disease of each middle cerebral artery. Thrombosis of each at the part diseased accounted for the two local softenings, and for the two attacks of hemiplegia related to them. The random succession of symptoms in this case was very characteristic of syphilis. Dr. Hughlings Jackson said that the case showed one of the several very indirect ways in which syphilis caused nervous symptoms. The hemiplegia in such a case was dependent directly on softening of the corpus striatum, produced by thrombosis of a syphilitic artery. The "syphilitic hemiplegia" here illustrated was but one of three kinds producible by syphilis. Again, the case showed that recovery would occur from hemiplegia, notwithstanding that the damage which caused that hemiplegia was not altogether repaired. Iodide of potassium was not likely to be useful in such a case of hemiplegia, though syphilitic; while it was useful in cases of recent palsies of cranial nerves. In treating the latter, we were treating recent syphilitic disease; whilst in treating the kind of syphilitic hemiplegia under remark, we were treating local cerebral softening.

THE ABSENCE OF PURGING IN CHOLERA.

By William Sedgwick, M. R. C. S.

The author directed attention to the fact that, in cases of cholera, purging was apt to cease when collapse became intense, owing to inability of the bowels to expel their contents. This cessation of purging was followed by abdominal distention from the ac-

cumulation of the rice-water flux; and the attempts to restore the action of the bowels by purgative drugs had signally failed. The assumed elimination, by means of purgatives, of an assumed poison in cholera, was undoubtedly based on a misapprehension of the pathology of a flux; and the practical conclusions to be drawn from the evidence adduced were that, in a fully established case of cholera, the cathartic method of treatment would tend (1) to deepen the collapse, (2) to increase the flux, and (3) to weaken the expelling power of the alimentary canal.

ON THE MODES OF CAUSATION OF EPILEPSY AND OTHER CONVULSIVE AFFECTIONS AT DIFFERENT PERIODS OF LIFE.

By H. Charlton Easton, M. D., F. R. S.

The author used the word Epilepsy in the broader sense of the term, and also included the consideration of certain allied convulsive affections, commonly known under the name of Eclampsia. His views were founded principally upon notes of upwards of three hundred cases of these affections, which had come under his own care. After commenting upon the uncertain use and wide meaning of the words "cause" and "causation," as applied to particular diseases, the author pointed out that the "causation" of epilepsy and allied affections had to be considered under three main divisions. 1. The proximate cause of the fit, *i.e.*, the actual condition of the nervous system which is brought about in all cases, and upon the occurrence of which the fit immediately depends. This was the physiological aspect of the question, into which the author did not enter. He confined his remarks to the more purely medical aspects of the problem, included under the two remaining divisions. 2. Predisposing causes. 3. Exciting causes. The "predisposition" to attacks of this kind may be acquired during the life of the individual, or it may be born with him; that is, he may inherit a tendency of this kind from some of his ancestors. In this state there is an increased mobility of the nervous system, and a lack of control in the higher centres. After considering the modes in which such a predisposition may be acquired during the life of the individual, Dr. Easton entered fully into the consideration of the different "exciting causes" of epilepsy and other convulsive affections, showing how these varied at different periods of life, and what was their relative importance at these different epochs.

THE THEORY OF COUNTER-IRRITATION.

By James Ross, M. D., Manchester.

Counter-irritation was defined as the application of an irritant to one part of the body in order to influence morbid action in its vicinity. The theory advanced was that (1) the influence of the counter-irritant is conveyed by continuous and contiguous tissue, and not through the blood-vessels and the nerves; and (2) the influence conveyed is always of a stimulant character. An en-

deavor was made to deduce the first position from the general theory of inflammation; and the author stated that the second assumption would account for all the effects which counter-irritants are known to produce in the treatment of various diseases. A stimulant action might aggravate the disease in the first stage of inflammation, and counter-irritants were known to produce this effect occasionally. At other times a stimulant action might in this stage assist the disease through its natural progress, by developing the second stage of inflammation. An instance of this effect occurred when the pain of pleurisy was relieved by a blister. In such a case the disease was not checked, but the effusion separated the pleura, and the pain was relieved. In the second stage of inflammation, and especially in chronic cases, a stimulant action was most likely to promote health, and it was in such cases that counter-irritants were most safely employed. A similar remark might be made with regard to cases of local debility, in the treatment of which counter-irritants were found useful. Quantitative differences were found to exist in the effects of counter-irritants according, first, to the proximity of the irritant to the seat of the primary disease, and, secondly, to the degree of the artificial irritation produced, and these differences were easily explicable on the supposition that the influence exerted by the counter-irritant upon the disease was of a stimulant nature.

ON TREATMENT IN CASES OF TAPEWORM AND THREADWORM.

By T. Spencer Cobbold, M.D., F.R.S.

In this paper the author insisted upon a more careful mode of dealing with cases of tapeworm than that which, from the evidences he adduced, appeared to be in vogue. He referred to recent successes obtained in his own practice, and considered that the number of rapid cures might be relatively increased by attention to certain rules of treatment. The first portion of the paper concluded by a reference to one remarkable case, in which the patient had played the part of host or bearer for a period of no less than sixteen years. In the second part of his communication, the author remarked on the difficulties attending the curative treatment of ascarides in adults. He explained the reasons why this was the case, and expressed the opinion that radical cures were much more frequent than was commonly supposed. He passed in review the various drugs employed in his own practice, but sought to show that ultimate success was chiefly dependent upon the observance of certain sanitary and prophylactic measures. He relied chiefly upon the exhibition of salines, steel, vegetable tonics, local ablutions, and cold water enemata, the latter often repeated.

DISEASES OF THE CHEST IN CHILDREN: THEIR TREATMENT BY BLISTERS.

By Daniel Maclean, M.D., Glasgow.

This paper advocated the use of, and ne-

cessity for, the application of small blisters behind the ear in cases of acute disease, or the acute stage of disease of the chest among children and infants. The author had used this treatment in many appropriate cases, and had found great benefit from its adoption. He founded it on the fact that the nervous system played an important part in all the diseases of the young. Any abnormal action going on in the brain modified the proper influence of that centre upon the tissues at a distance, and gave rise to pathological actions in distant parts. With regard to the lungs, an abnormal action, continuing in a certain part of the encephalon for a time, was conveyed along the efferent fibres of the vagus to their peripheral terminations in the lung-tissue, and stimulated the tissue to pathological action, thus giving rise to disease in the lungs, from a cause at a distance from the lungs themselves. Again, an excessive irritation of the peripheral terminations of the nerves in the lungs, as in bronchitis, pneumonia, etc., passed along the efferent fibres of the nerves to the brain, and by its continued irritation there became a cause of convulsions, hydrocephalus, etc. This mutual action of nerve-centre and lung-tissue through the afferent and efferent filaments of the pneumogastric nerves, the author held to be the principal cause of the great mortality from chest affections among children. This irritation accounted for the nervous symptoms frequently exhibited by children in these disorders. The greater the amount of nervous sensitiveness and irritation, the greater the danger. For the removal of this important element in chest-disease, the author recommended the use of blisters on or near the course of the nerves supplying the lungs; a convenient and advantageous spot being behind the ear. This treatment was explained, and the use of blisters generally defended.

CEREBRO-CARDIAC NEUROPATHY.

By M. Krishaber, M.D., Paris.

This communication was taken from a work which the author is about to publish on an undescribed nervous malady. The description was founded on an analysis of thirty-eight cases. The constant symptoms were described to be: 1. Disturbances of sensation, characterized by false perceptions and general and very intense hyperæsthesia. 2. Disturbances of locomotion, manifested in the abolition of equilibrium from vertigo, paralysis, or paresis. 3. Disturbances of the circulation, consisting in extreme irritability of the vascular system, palpitation, dyspnoea, syncope, and sometimes angina pectoris. 4. Secondary disturbances, varying in individual cases.

THE TREATMENT OF CERTAIN FORMS OF BRONCHOCLE BY INJECTIONS OF IODINE.

By Morell Mackenzie, M.D.

In a former paper the author had described in detail the various methods applicable to the several kinds of enlargement of the thyroid gland. In discussing the treatment

of fibrous bronchocele in the article referred to, he did not do justice to the method recently introduced by Professor Lücke, of Berne. A larger experience, made under more favorable conditions, had convinced him that the treatment of certain forms of bronchocele by the subcutaneous injection of iodine into the substance of the enlarged gland, was of the greatest value. The following was the plan of treatment, which, in accordance with Dr. Lücke's recommendation, the author had employed. Thirty drops of the official tincture of iodine were injected into the substance of the gland once a week for the first two or three weeks, and afterwards once a fortnight, as long as was necessary. It was well to give iodide of potassium internally, at the same time; but no medicine was given to any of the patients whose cases were now related. The advantages of the treatment were, that it did not cause any constitutional disturbance or local irritation (suppuration). In this respect it was preferable to treatment by setons and caustic darts. The only disadvantage of the method was its slowness; this, however, could scarcely be considered a drawback, except when the enlarged gland caused urgent dyspnoea. The cases which were briefly related had been taken indiscriminately as they presented themselves, or were found in the case-book of the Throat Hospital on July 24th. Of the sixteen cases, fourteen were fibrous, and two adenoid, or soft. Fourteen patients were females and two males. Eleven were completely cured, in four a considerable reduction resulted, and one case completely resisted treatment. In one case the neck was reduced by 3½ inches in less than six months; in two cases a reduction of 2½ inches took place. The duration of treatment varied from one to eight months, the average being four months. The author concluded by remarking that the treatment of cystic cases by injections of iron, as previously recommended by him, was, of course, much more rapid, and therefore more striking; but the fibrous cases were undoubtedly the most difficult to treat of those varieties met with in practice.

SOME REMARKS ON ONYCHIA MALIGNA.

By William MacCormac, F. R. C. S.

Onychia maligna is a rather common disease in Belfast, where Mr. MacCormac formerly practiced; it affects principally the girls employed in the flax-spinning mills. During the ten years from June, 1863, to June, 1873, there were 217 cases of this malady among the patients of the Belfast General Hospital, being 2.2 per cent. of the total surgical out-patient cases; 115 occurred in girls between the ages of ten and fifteen, and 63 between the ages of fifteen and twenty. One hundred and eighty-four were mill-workers. In his experience, Mr. MacCormac had found local applications and evulsion productive of only temporary benefit. The only efficient treatment was the complete excision of the secreting stratum at the root of the nail; a severe operation, and one

which required local or general anæsthesia. Lately, the author had read a monograph by Dr. Vanzetti, of Padua, advocating the plan, proposed originally by Dr. Moerlouse, of Ghent, of applying powdered nitrate of lead to the ulcerated surface. Dr. MacCormac had had no opportunity of testing this remedy among the patients of St. Thomas' Hospital; but, at his instance, it had been used by Dr. Scott in fifteen cases in the Belfast Hospital, with most satisfactory results. According to Dr. Scott, from fourteen days to a month were sufficient for a complete cure. All pain ceased from one to three days after the first application; and the swollen irritable margin of the ulcer gradually disappeared, leaving a healthy granulating sore.

ON WARTS.

By S. M. Bradley, F.R.C.S., Manchester.

In this paper the attempt was made to establish the essential oneness in origin of all morbid growths characterized by the abnormal development of epithelial elements, such, *e. g.*, as scirrhus, epithelium, epulis, and common warts. The author stated that the simplest of these tumors may evolve the more complex by the agency of external forces, such as irritation, pressure, etc., (the influence of heredity is probably always great in determining the exact nature of the morbid product); and that the power and rate of infiltration and invasion of the general system is due to simple laws, such as the size and shape of the cell, their degree of moisture, and the nature of the surrounding tissues. He maintained that, as electricity, by coagulating the albumen of a part, establishes a barrier to the onward march of the cell-elements, it should, therefore, be employed in all cases of infiltrating tumors when it is decided to eradicate the growth.

AMPUTATION AT THE WRIST JOINT.

By Richard Barwell, F.R.C.S.

Mr. Barwell divided his subject into three heads: I. The diseases likely to call for this operation; II. His method of its performance; III. The advantages of this method. Amputation at the wrist joint was most likely to be called for after severe suppuration of tendinous sheaths, ending in fungoid proliferation of cells, invading and destroying the tendons and, in great measure, the carpal bones. Mr. Barwell described his method of operation. An incision is carried from the outer point of the scaphoid bone, downwards, across the ball of the thumb to the fold of skin formed in the palm by flexing the fingers. In this fold a transverse incision is made to the outer side of the fifth metacarpal bone; from the end of this a third incision is brought along the outer margin of the bone to the pisiform. At the back of the wrist, on a level with the joint between the two rows of carpal bones, a transverse cut connects the two perpendicular ones. These two flaps—a short posterior and a long anterior—are dissected up, the

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knife being carefully kept close to the palmar fascia and muscles of the thumb and little finger, so as to spare the vessels. When the flaps are turned back on the forearm, the surgeon feels for the pisiform bone, and, placing his edge immediately above it, severs the hand from the forearm; then, removing the soft parts for a short distance on the outer side of the styloid process, the operator, with a pair of bone-forceps, cuts off as much of this as may render the end of the bony stump plain and level. The ulnar, radial, and interosseous arteries being secured, the dressing of the stump is effected simply by turning the anterior flap back, sewing its end to that of the anterior, and the edges together. The author stated that the following were the advantages of this mode of operating: I. The flaps fit accurately; II. The chief flap is formed of dense tissue accustomed to pressure; III. There are no ends of obliquely cut tendon or nerve on the stump; all these parts are cut off higher and straight; IV. The stump is square and level; V. The operation is easier and quicker, there being no possible hitch in the separation of the wrist from the arm.

FALLACIES AND FAILURES IN ANTISEPTIC SURGERY.

By E. Lund, F.R.C.S., Manchester.

The author described certain fallacies, or erroneous notions, which seemed to be ascertained in reference to the antiseptic treatment of wounds. He arranged these in six classes, having reference 1 to the mode of action and exact influence exerted by carbolic acid; 2. the presence or absence of suppuration; 3. the use of pus as a solvent for indurated tissues; 4. the effects of the entrance of air; 5. the contagion of septic matters; 6. the necessity for absolute cleanliness in the management of wounds. The sources of error or failure in this mode of dressing, especially after operations, were also considered under six heads: 1. Imperfect preparations before the operation, so as to free the parts implicated and the instruments employed from septic matters; 2. Inefficient assistance during the operation, with the same object; 3. Imperfect adjustment of the dressings after the operation, so as to filter and disinfect the air which must gain access to the wound; 4. Delay in the removal and replacement of the dressings; 5. Carelessness in the particular method of doing this; and 6. Erroneous notions as to the possible approach of serious symptoms in the progress of any case which would yield to a steady perseverance in the plan, but which often led to its entire abandonment at the most critical stage of treatment. All these points were brought forward as deductions from direct personal observations by the author himself, in his daily practice of the antiseptic system.

A CASE OF TRAUMATIC PNEUMOTHORAX, ILLUSTRATING THE USE OF THE ASPIRATOR.

By Herbert Page, M. D., Carlisle.

The history of a case was detailed, in

which, owing to wound of the lung from driving of a fractured rib, there was pneumothorax, with total collapse of the right lung. The case was, from the first, an urgent one; the dyspnoea and collapse being both extreme. The chest was punctured four hours after the accident by Dieulafoy's cannula; and, on exhausting air from the pleural cavity by means of the pneumatic aspirator, immediate improvement in the condition of the patient followed. At the time of the operation, blood was drawn into the receiver; and examination of the chest on the day after the injury revealed dullness on percussion at the base on the right side. This was due to the presence of blood; and the aspirator was subsequently used three times for the removal of this blood, and the further withdrawal of air from the cavity of the pleura. The patient made a good recovery, and the lung was restored to its normal state. In the remarks on this case, the writer, while admitting the advantages of Dieulafoy's cannula as an instrument for puncturing the chest, called attention to the possible source of danger from hemorrhage into cavities exhausted of their contents by the aspirator.

SYPHILITIC IRITIS.

By C. R. Drysdale, M.D.

The author believed that syphilitic iritis rarely occurred in adults before the fifth or sixth month after the inoculation of the poison. It was met with in about 4 or 5 per cent. of all cases of syphilitic infection. Having described the affection, he said, the prognosis, regarding which, he said, the practitioner should be cautious. In young adults, with very careful treatment, the prognosis was usually favorable. In double iritis, of course, it was less good; but even here, in adults under fifty, the prognostic was excellent if atropia were carefully used. In the treatment, he regarded atropia as the sheet-anchor; all other medicines, even iodide of potassium, being of very secondary importance. Atropia allayed the local sensitiveness, gave rest to the ciliary muscles, and prevented closure of the pupil. Sometimes one drop per diem was sufficient; in other cases, the application required to be made four or five times daily, according to the obstinacy with which the pupil contracted. Iodide of potassium was useful, if given in doses of ten, fifteen, or even twenty grains, daily.

ON DISLOCATIONS OF THE CLAVICLE AND HUMERUS.

By William Brown, Esq., Collington.

In 1846 Mr. Brown reported a case of dislocation of the clavicle at its sternal end; and since that time he had had three other cases under his care. In all, the dislocation was forwards. He had met with only one distinct case of dislocation at the acromial end. In the treatment of the sternal dislocation, he generally applied a long strip of emplastrum roboraans obliquely from below upwards over the injury and over the top of

the shoulder; after this, a wedge-shaped pad was placed in the axilla, a figure-of-8 bandage applied, and the elbow confined firmly to the side. He used the same treatment in his case of acromial dislocation, and also in fracture of the clavicle. In the reduction of dislocation at the shoulder-joint, of which Mr. Brown had had many cases, he employed a method which he considered to be, in a great measure, new; it was always successful, and did not require the aid of chloroform. The patient being placed with his sound side resting firmly against the back of a strong chair, and held there by a jack-towel, steady extension was made downwards and outwards by means of another towel fixed above the elbow. During the extension, the head of the bone is guided into its place by the surgeon's hands. Mr. Brown had found injuries of the elbow very frequent, especially in boys; while fractures of the shaft or of the upper third of the humerus were rather rare. The injuries of most frequent occurrence were dislocation, simple or complicated with fracture, of the ulna backwards. Mr. Brown also related the case of a boy, in whom the lower epiphysis of the humerus had become separated from the shaft, which projected through the integument. The projecting portion of bone was sawn off; and, after some threatening symptoms, the boy recovered with a useful limb.

ON PECULIAR MODES OF TRANSMISSION OF SYPHILIS IN MARRIED LIFE.

By Victor de Meric, F.R.C.S.

The author passed first in review the modes in which a wife may be contaminated by her husband, and *vice versa*; paying particular attention to those cases where no outward signs of syphilitic taint are apparent. He alluded, then, to the share of gestation in the mechanism of the contamination of the wife, observing that impregnation is not the only mode in which she may become affected with the complaint. Numerous facts had put beyond doubt the modes of transmission just alluded to; but he had met with cases where contamination had been effected in an exceptional manner. The author then related some of his exceptional cases. The first had reference to a gentleman who had been under his care several years before his marriage, and had passed through the usual periods of syphilis. He married eighteen months after the last symptoms, and a series of healthy children were born. That father suffered now and then from inpetigo, and had once very severe osteitis; but neither the wife nor children experienced any contamination. About ten years after marriage, the husband was indiscreet, and caught a chancre which subsequently became phagedenic. Considering the lesion, at first, as a mere abrasion, he took no precautions, and the result, unfortunately, was the breaking out of a fearful set of symptoms of syphilis in the wife. The author now asked whether this case did

not prove that the secretion of a soft chancre, seated in a syphilitic individual, might convey the general disease; and added a few remarks as to the effects of pathological secretions from a person suffering, or having suffered, from syphilis. The second case was illustrative of the great difference between occasional intimacy and the actual bonds of marriage. In this case the disease was conveyed from wife to husband, though no such accident occurred through several years of former intimacy. The third case related to a married gentleman, who caught a chancre which eventually proved indurated. The lesion was, however, so insignificant at first that no heed was taken. The wife was far advanced in pregnancy at the time, and the consequence was that fetus and mother were contaminated. These facts would go far to prove how infectious was the chancreous erosion in its nascent state. The fourth case was of a remarkable kind, as the gentleman suffered from systemic syphilis without having ever presented a primary sore. Here the wife escaped at first, but eventually had the disease through her infected child. Mr. De Meric alluded subsequently to a few other cases, in which mothers and numerous children remained healthy, though the husbands suffered from syphilis before and after marriage.

THE ANTICIPATION OF POST PARTUM HEMORRHAGE.

By Ewing Whittle, M.D., Liverpool.

The author long ago observed that post partum hemorrhage was preceded by sharp and strong pains of short duration, with the intervals between the pains relatively very long. To prevent hemorrhage from taking place, the character of the pains must be altered, so as to make them longer and the intervals shorter. This was accomplished by giving a full dose of ergot as soon as the os uteri was fully dilated, if the soft parts were sufficiently lax and dilatable. Dr. Whittle generally gave the equivalent of two drachms of the liquid extract of the Pharmacopœia. If this did not act on the pains, he repeated it in an hour, but this he seldom found necessary. Great care was necessary in primiparæ, as the ergot sometimes acted with great energy; as a rule, it was better not to administer it in these cases until the head began to rest on the perineum, and the soft parts were well dilated; the dose also should be smaller, not more than thirty-five or forty minims, which could be repeated if necessary. The probable rationale of the phenomena was this. The uterus was contracting sharply, then relaxing suddenly and fully; the same habit continued after delivery, and the short-lived contraction was followed by complete relaxation and copious gushes of blood; but if the character of the pains became altered before delivery was completed, then the uterus maintained a firm contraction, and the patient was quite safe.

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TIDIOUS LABOR FROM DEBILITY, AND ITS TREATMENT.

By Hugh Miller, M.D., Glasgow.

The remarks in this paper had reference solely to cases in which delay was due to enfeeblement or failure of the natural powers of the organs specially called into action during parturition. The writer held that the element of time should not be considered in the classification of labors, that it was unscientific to do so, and that uncomplicated labors should only be assumed to be unnatural when the pains were no longer active, and the labor non-progressive. After considering the powers of expulsion in a healthy woman, the author referred to the forces at work which prevented a high standard of health from being maintained in city life, and said that, in proportion as it was wanting, labor was prolonged in many cases. Labor in cities was thus frequently tedious from constitutional debility, so that, even while it might be regular and its progress certain for a time, the pains either lingered or became arrested through exhaustion taking place before the labor was completed. When symptoms of acute fatigue set in, the pains were short and sharp, and they recurred more frequently. The general indications for treatment were to support the strength before labor set in, and during the first stage, and, as soon as the pains indicated debility, to deliver with the forceps. The timely application of the forceps was preferred to ergot, because it seemed more reasonable to assist a weakened organ by giving help from without, than by applying a stimulant to an already overworked one. This practice, instead of inducing flooding, helped to prevent it, through preserving the power of the uterus from becoming exhausted; it also prevented inflammatory diseases of the passages, and the death of the foetus. In his private practice, he found one case in every twenty-six labors show symptoms of debility; and, since he had adopted the early application of the forceps, not one of the children so delivered was still-born.

ON THE DIAGNOSIS OF EARLY PREGNANCY.

By Adolph Rasch, M.D.

The object of the paper was to draw attention to an important symptom of pregnancy of the first three months, of which until now no notice has been taken by French, English, and German authors. After briefly reviewing the early symptoms as taught in handbooks, including the symptom on which Dr. Barnes laid stress before the Association, Dr. Rasch said that no opinion should be expressed in any case unless the uterus had been made out beyond doubt by the bimanual examination. The vaginal examination should always be made by *two* fingers, unless circumstances forbade it, as by so doing results much more accurate

could be obtained. An enlargement found, the distinction had to be made between enlargement by hypertrophy, or by tumors, and enlargement by pregnancy. To solve this difficulty, the author has continued his investigation in a very large number of cases of which he kept notes for nearly ten years, and enlarged experience has fully borne out what had helped him in making a few times a right diagnosis where better men had failed. This important symptom was fluctuation. That it must be felt very early seemed to him, *a priori*, certain. For why should half an ounce or more of liquor amnii, enclosed under conditions very favorable for this purpose, not be felt fluctuating equally well as a few drops of pus in a parauritium? The notes of several hundred cases satisfactorily answer this question. Fluctuation could be felt in some cases as early as the seventh week of pregnancy; in most cases after the second month. With every following year the author had less difficulty in detecting this very important symptom. By adding to it the areolar signs of the mammae, we should be able in many cases to make an almost certain diagnosis. The author here mentioned another valuable symptom in early pregnancy which often directed attention to pregnancy—viz., the increased desire to pass urine, especially at night. It certainly ought to put the practitioner on his guard, and make him eschew the use of that valuable instrument for confirming a diagnosis already made—the uterine sound—which, in fact, should never be used by those that could not dispense with it in making a diagnosis. The objection to fluctuation as a symptom of pregnancy might be that it could not be felt, or if felt, might be due to retention of other fluid than liquor amnii. Considering the great rarity of retained menses or other discharges, the mistakes would be rare, even if other symptoms did not help us to make a distinction. But it would certainly be safer practice for a short time to suspect pregnancy where it did not exist, than to do the reverse. To meet the other objection, that fluctuation could not be felt so early, Dr. Rasch urged his hearers to try patiently, and assiduity would be rewarded. The best way to feel it was to introduce two fingers into the vagina, while the other hand steadied the womb through the abdominal walls, and alternately to manipulate the uterus with the two fingers. In some part of the uterus the fluctuation would be found often in one corner of the fundus, sometimes lower down. In most cases of early pregnancy the author found the uterus anteverted, and then the manipulation was easier done than when the womb was retroverted. The fluctuation was in the beginning mostly only felt by the fingers in the vagina, sometimes, too, by the outer hand at the same time. After three months, it would be mostly felt by outward manipulation alone, but we should never trust to that only. The catheter should always be introduced when accurate results were desired.

ON THE PREVENTION OF UTERINE INFLAMMATION.

By Edward J. Tilt, M. D.

The author gave it as an admitted fact, that the most frequent cause of uterine inflammation was to be found in parturition and in abortion; and his own experience led him to believe that a tedious labor and a bad miscarriage could hardly occur without entailing more or less of uterine inflammation; frequently overlooked in its onset by the medical attendant, metritis, in one form or another, being the almost inevitable sequel of such cases, although many years might elapse before the disease was recognized. The author proceeded to answer the following questions: 1. What are the symptoms of a bad getting up. 2. What are the organic lesions of a bad getting up that lead to uterine inflammation? 3. How to prevent a natural function from becoming a frequent cause of metritis? 1. After tracing the symptoms of a bad getting up, the author deprecated the little attention paid to the persistence of a red or muco-purulent vaginal discharge for a month or more after parturition. He wished such cases to be carefully inquired into, instead of being treated in a hap-hazard fashion by tonics and change of air. 2. Although a natural function, parturition had too often untoward results, such as defective uterine involution, placental ulceration of the womb, contusion and laceration of the cervix. Laceration of the cervix was represented as very common, particularly after tedious and instrumental labors. The healing by first intention of these lacerations was given as the rule when they were not extensive, and when women were healthy; but if, on the contrary, these lacerations were extensive, they did not heal in sickly women, and had originated some of the worst cases of uterine inflammation that the author had seen. Under similar unfavorable circumstances of health, the bruising of the cervix by a tedious labor was represented as beyond the power of the womb to repair, unless by the repair of ulceration thus produced. Ulceration of that part of the womb to which the placenta had been attached was considered a rare disease, sometimes following the forcible tearing away of the placenta from the womb, and originating one form of internal metritis characterized by frequent flooding. The most important and most frequent cause of uterine inflammation, and of other diseases of the womb, was said to be defective uterine involution. To an exaggerated belief in the safety of a natural function was ascribed the fact that medical men too often neglected to ascertain accurately what were the organic lesions that impeded a patient's recovery after parturition; so that, as a rule, defective involution was only recognized when time had confirmed and made it more difficult to cure. 3. The measures calculated to prevent parturition being a frequent source of metritis, were represented to be the logical deduction of the right appreciation of the

damage done to the womb by parturition; and it was strongly urged that when, at the end of four or five weeks after parturition, notwithstanding fair nursing, food, wine, and tonics, women still continued weak, with persistent back-pain and muco-purulent or red vaginal discharges, instead of blindly trusting to nature, it would be wiser to ascertain, by an accurate examination, whether the inability to recover health did not depend on one of those organic lesions that could not be cured without the calling in of surgery in aid of nature. The same line of conduct was advised when women were recovering from parturition who had previously suffered from uterine disease, on account of its liability to relapse. The unusual severity of uterine inflammation that originated in abortion was said to depend on the absence of definite rules of conduct to be observed by women after miscarriage, and on the little care they then took of themselves; whereas Dr. Tilt wished the profession could persuade the public that a month of convalescence was not too much to exact after a moderately bad miscarriage; and that if, at the end of that time, a patient did not recover strength, could not walk, had pelvic pains and a red or muco-purulent vaginal discharge, the cause of these symptoms should be carefully investigated. The author stated the difficulty of curing defective uterine involution to be in direct proportion to the time it had already lasted; and he therefore urged its speedy recognition. He recommended leeching the cervix if there were signs of active congestion of the womb, the internal administration of ergot and of iodide of potassium, the painting of the lower part of the abdomen with oleate of mercury, and vaginal injections. It was also admitted that pregnancy had sometimes cured the mischief done by a previous one. Dr. Tilt concluded by emphatically asserting that, by a judicious management of lying-in women, and of those recovering from abortion, uterine irritation and congestion would be reduced, and lacerations healed; and that uterine inflammation would be checked in its origin, and, at all events, its acuteness and duration would be greatly diminished.

TREATMENT OF THE FLEXIONS OF THE UTERUS.

By Thomas Savage, M. D., Birmingham.

The cases were taken from the out-patients seen by Dr. Savage at the Hospital for Women, and were limited to flexions of the nulliparous uterus. The object of the paper was to advocate the use of an intra-uterine stem. In all cases where recourse was had to this plan the symptoms were improved, and great relief was given without any of the dangerous or serious after-effects which are sometimes said to arise. Even in the case of the unmarried, the symptoms were so severe, the relief from the instrument so marked, that Dr. Savage did not think it right to withhold from such patients the benefit of the treatment advocated. Dr. Savage had used intrauterine stems for

retroflexions and antelexions in forty-four women who had never been impregnated, and in not one had any ill effect followed. The discharge, slight as a rule, even when profuse, had not been found troublesome, and could be kept in check by the frequent use of ordinary astrigent injections. It had always seemed to disappear on the use of the instrument being discontinued.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The Report on the progress of Obstetrics and of Gynecology, read before the Medical Society of Pennsylvania, at its Twenty-fourth Session, by Dr. WILLIAM GOODELL, of this city, is characterized by the thoroughness of study and facility of presentation which mark all that gentleman's productions. It embraces not merely an enumeration and a careful estimation of the products of the previous year in these branches, but a very complete bibliography, extending over the American, English and French journals and other publications. Having been published in separate form, it can be obtained by all, and will be found a most valuable resumé.

—Dr. S. S. SATCHWELL, of North Carolina, delivered last March the annual address before the Alumni Association of the University of the City of New York in the Medical Department. It is a well-worded oration.

BOOK NOTICES.

An Introduction to Practical Chemistry; including Analysis. By JOHN E. BOWMAN, F. C. S. Edited by Charles L. Bloxam, F. C. S. Sixth American, from the Sixth and Revised English Edition. Philadelphia, Henry C. Lea, 1873. 1 vol. Cloth, 8vo, pp. 639. Price \$2.25.

This popular manual of chemistry appears with a number of important additions, and with all its details carefully revised. The French as well as the English standards of weights and measures have been added in the article on Quantitative Analysis, and some enlargement made in the section on Qualitative Analysis. As an introduction

to more elaborate treatises, this work has long had a standard reputation for its simplicity and accuracy, and nothing has been spared to render the present edition adequate to the wants of students and those who do not desire more than a comprehensive and succinct preliminary treatise.

A Treatise on the Pneumatic Aspiration of Morbid Fluids. A Medico-Chirurgical Method of Diagnosis and Treatment of Cysts and Abscesses of the Liver, Strangulated Hernia, Retention of Urine, Pericarditis, Pleurisy, Hydrarthrosis, etc. By Dr. GEORGES DIEULAFOY. Philadelphia, J. B. Lippincott & Co. 1 vol. 8vo, pp. 392.

We took pains a few weeks ago to make our readers acquainted with the appearance and uses of the pneumatic aspirator, and we are glad now to recommend them to the work of Dr. DIEULAFOY himself. It is well printed and illustrated, and sets forth in abundant detail everything necessary to be known in order to use the instrument.

The author divides his subject into five parts. The first treats of pneumatic aspiration in general, considered as a means of diagnosis and of treatment, as well as the physics of the method. In the second part aspirations in the organs is discussed, as in diseases of the liver, the bladder, the stomach, the ovaries, in hydrocephalus, spina bifida, hernia, and intestinal occlusion, in all of which Dr. Dieulafoy maintains the Aspirator can be used with great benefit. The next part, on aspiration of the serous cavities, shows the employment of the apparatus in effusions in the pericardium and pleura, in hydrarthrosis of the knee, in serous bursæ, in hydrocele of the tunica vaginalis testis, and in ascites. The fourth part is occupied with the treatment of effusions into the cellular tissue by aspiration, in which cases of its use are given in chronic, acute and metastatic abscesses, in sanguineous effusions, in adenitis and suppurating buboes. The last part contains a description of the instrument in detail and a historical notice of its introduction.

This will give a glimpse both of the nature of the work and the scope of employment of the Aspirator itself. It is an invention still on its trial. Possibly too much is claimed for it. But there is strong enough *prima facie* evidence in its favor to recommend its introduction.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 18, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief as possible to do justice to the subject, and carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE SHREVEPORT EPIDEMIC.

The past summer has been marked by the presence in this country of two epidemics, limited in range, but most malignant in type; making up, as a logician might say, in *intension* what they lacked in *extension*.

The fever at Shreveport was at first pronounced "malarial," and the physicians at New Orleans very unwillingly came to the conclusion that it undoubtedly was yellow fever. The problem of its appearance in an inland town, while the seaports remained wholly or comparatively free, has been debated with ardor in the columns of the *New Orleans Picayune*; and the opportunity to study anew the question of quarantine has not been suffered to pass unimproved. Dr. RICHARDSON maintained the imported character of the fever, while another able medical writer in the editorial columns combated his views. The latter remarks:—

"Notwithstanding our present rigid quarantine we have had enough of what some of the learned physicians are pleased to call 'yellow fever fomites' to start a very considerable epidemic. We have had, however, but an insignificant number of sporadic cases, because the 'conditions' were not present by which epidemics are fostered. Why it has appeared far in the interior, at

Shreveport and Memphis, while the more exposed places, such as Baton Rouge, Natchez and Vicksburg, have escaped, is a matter which no quarantinist can explain.

Dr. Richardson, ignoring the deadly logic of malarial conditions which existed in such phenomenal abundance in the neighborhood of Shreveport, refers the fever there to the presence of "an itinerant circus company, recently arrived from an infected district of Mexico." This is the veriest coinage of a dreamer, anxious to bolster up an unfounded theory. There have been no infected districts in any portion of the valley of the Rio Grande. If there had been, and the circus company had been liable to attacks of fever, they would have had it before they crossed into the United States. Circus companies travel slowly, and the distance from the Rio Grande to Shreveport is many hundreds of miles."

The fever has not spared old residents nor negroes; in the list of interments for September 23d, before us, there are three negroes, and the ages of the victims range from three to 54 years. Nor does cooler weather appear to diminish the virulence of the poison. In a report from Memphis, dated September 19th, when there was a marked lowering of temperature, and frost occurred in various parts of the State, the despatch reads:—

"The cool weather of last night has increased the mortality, which numbers twenty-four, sixteen being from yellow fever."

Fewer new cases, however, were reported. A writer, evidently a physician, in the *Mobile Register* of September 18th, seems inclined to consider the epidemic at Shreveport as "hemorrhagic malarial fever," differing in name only from yellow fever, and traces it to a purely local cause. He remarks:—

"The present plague which desolates Shreveport is the result of the decay of animal and vegetable matter laid bare to the hot sun of summer, and is traceable to the imprudent attempt to remove the obstruction known as the 'Red River Raft,' many miles below the unfortunate city. To this we can bear the further testimony, that the plague which in 1853 spread its ravages through nearly our whole Gulf and South

Atlantic shore, was likewise caused by the extended excavations undertaken in the spring of that year in the construction of the New Orleans, Opelousas and Great Western Railroad; that as the work progressed up the Mississippi to Lafourche, and from Lafourche to Attakapas, the plague followed the digger's spade, and reached regions which had at no time before ever been cursed with its presence.

"That same year work of the same kind was also being carried on on the left bank of the Mississippi by the N. O., Jackson and Great Northern Railroad Company, and there also, for the first time, the plague penetrated through the formerly healthy regions which extend their pine forests along the lake shore to Mississippi and Alabama."

On the other hand a late paper tells us that a committee of physicians appointed to investigate the origin of the epidemic are said to have collected evidence showing that the fever was imported from Cuba.

However this may be, there can be no question but that the disease by some means rapidly extended itself where such local causes did not exist. Numerous cases occurred in Memphis, quite a number in Montgomery, Ala., and others in New Orleans, Galveston, Mobile, etc. Fortunately, in none of these cities has anything like the dreadful results followed which are reported from Shreveport. One of the late despatches from that afflicted city says:—

"Funerals no longer take place; but 'hearses, followed by one or two carriages, dash through the streets like a section of artillery in battle seeking a position. Then a few more hearses are driven up and the coffins are shoved into the hearses and driven rapidly to the cemetery.' The Howard Association have opened an orphan asylum, and are 'feeding two-thirds of the resident population.'"

We hope the whole history of this remarkable epidemic will receive an exhaustive and a dispassionate investigation at the hands of some of our Southern medical men who can speak of it from personal and direct knowledge.

One of our correspondents, Dr. W. W.

DUNN, of Clinton, La., writes us, in a letter dated September 22d:—

"Our little town is quarantined against New Orleans, Shreveport, and all other river towns, on account of a supposed epidemic of yellow fever. We generally look for it about this time of the year. In 1867, the first case we had was September 26th, and the last, 24th December following. I am inclined to believe frost has but little or no tendency to check it." The virus, when introduced, will remain as long as it finds food to subsist on."

We should like to receive further notes from that section.

NOTES AND COMMENTS.

Therapeutical Notes.

We continue our selections from therapeutical hints picked up in various exchanges:

DIPHTHERIA.

Dr. ED. L. DUER, of Philadelphia, strongly recommends the treatment of diphtheria by calomel and soda— $\frac{1}{4}$ to $\frac{1}{2}$ grain of the former, and 5 to 10 grains of the latter, in combination, according to age, every 2 hours, with brandy and nutritious food, as required. No local application necessary. His results have been uniformly favorable. His article appears in the *Obstetrical Journal* for July.

TETANUS.

Dr. MOFFAT, of Australia, reports the case of a seaman, in whom, from an injury to his hand, tetanus set in, in its worst form. He was given four ounces of brandy at a dose, and half the quantity whenever he showed signs of consciousness, being thus kept "dead drunk" for four days. The tetanic symptoms passed off, and in three weeks he was well.

UTERINE HEMORRHAGE.

Dr. WENRICK, in Virchow's *Archiv*, has an article on ergotin. He adds some therapeutical observations, made chiefly in treating cases of uterine hemorrhage with ergot. The following are his conclusions:—(1) The subcutaneous injection of ergot, especially in anæmic persons, stops uterine hemorrhage pretty quickly and permanently without any considerable unpleasant results; (2) The fact that a considerable portion of the fluid extract remains unabsorbed after subcutaneous injection renders the agent less

trustworthy and the dose more difficult to regulate.

OIL IN SURGERY.

The good Samaritan dressed the wound with oil. So Dr. MORTON, of Glasgow, at a meeting of the Medico-Chirurgical Society of that city, said he had, some few years ago, made a comparative trial of several modes of surgical treatment, including the so-called antiseptic system. He had tried irrigation, carbolic acid putty, putty without carbolic acid, carbolic acid with oil, oil without carbolic acid, and a number of other medicaments. The result of this comparative trial—the only one, by the way, which he had yet heard of having been made—was to point, not to carbolic acid, but to oil, as being the most successful surgical application.

AGUE-CAKE.

Dr. MOSLER, in Virchow's *Archiv*, expresses the opinion that cold applied to the abdomen causes contraction of the spleen. In both recent and old cases of intermittent fever, he would combine cold water, in the form of baths, the cold douche, or the ice bladder, with the simultaneous use of quinine, and this combination is better than either separately. In chronic enlargements of the spleen (such as exist in leuchæmia and pseudo-leuchæmia) a similar treatment is also followed by good results.

ANTI-SYPHILITIC COMPOUND.

Mr. E. B. SHUTTLEWORTH mentions in the *Druggists' Circular* what may prove a valuable compound in syphilis. He says:—

If to a solution of bromide of potassium be added an equivalent proportion of bichloride of mercury, in powder, the latter salt dissolves quite readily, and a solution is formed which, when evaporated, affords needle-shaped crystals, consisting, apparently, of a definite compound of the two salts; or it may be that an interchange of elements takes place, and that the new salt is composed of bromide of mercury and chloride of potassium. The solution deposits crystals of the same form even when evaporated to the last drop. These crystals are permanent in the air, and when just removed from the mother liquor are transparent, but, on drying, become white, with a nacreous appearance. The salt dissolves readily in water. It gives, with iodide of potassium, a scarlet precipitate of biniodide of mercury.

THE ADMINISTRATION OF PHOSPHORUS.

A writer in the *Medical Archives* says:—A good pill, it is said, may be made by dissolving one grain of phosphorus in half a drachm of chloroform, and rubbing it up in a mortar with two scruples of powdered liquorice, and when the chloroform is evaporated adding half a drachm of castile soap, and making into twenty-four pills, or as may be desired.

A very pleasant preparation of phosphorus in the liquid form is: "Dissolve a grain of phosphorus in six drachms of chloroform, and add two ounces of good glycerine, and shake well. The glycerine forms a permanent union with chloroform, which dilution with water does not separate. Dose, a teaspoonful three times a day.

The Pharmacy of Ergot.

At the recent meeting of the American Pharmaceutical Association ergot and its preparations was the subject of a volunteer paper by Dr. E. R. Squibb. In this the writer reviewed first the character of the ergot now found in market, stating that it was largely composed of other ergotized substances, such as grasses, barley, wheat, etc. He alluded to the fluid extract of the present U. S. P. as being a very great mistake, as it would not produce such a reliable preparation as that made by the U. S. P. of 1860. Dr. Squibb spoke of its recent administration hypodermically, and stated that he has prepared for that purpose a Solid Extract of such strength that one grain represents six minims of Fluid Extract, and that it has met with great success.

Contaminated Milk.

Apropos of the outbreak of typhoid fever in London from milk, Dr. BENJAMIN LEE, of this city, has addressed a letter to the Board of Health relative to a possible cause of contamination of milk in railway cars, which is worthy of consideration, as are all similar suggestions for the protection of the public health. His theory is that milk in transit by railway, in churns, leaks out, or slops over upon the wooden floors of the cars; that the wood thus soaked by milk throws out putrid or unwholesome exhalations and germs of disease into the air of the car, and that such air finds its way to the milk in the churns, and, contaminating that, makes it possible thus to sow the seeds of fevers of a typhoid type.

NEWS AND MISCELLANY.

The International Medical Congress at Vienna.

The third meeting of this body was opened on September 1st, at Vienna, by Archduke Rainer. The questions discussed were Vaccination, Prostitution, Cholera and Quarantine, and Sewage.

On vaccination the following abstract embraces the principal results:—

Dr. Kaposi read the report and the questions of detail connected with it, the most important of which was, Shall there be vaccination or not? The speaker pleaded for vaccination, and wished to see it introduced by law. The proportion of mortality was undoubtedly greatly in favor of the vaccinated. According to experience the proportion with vaccinated persons was between 0 per cent.—11.5 per cent., i. e., in the average four per cent.; with persons not vaccinated between 14.5 per cent.—60.6 per cent.; therefore, in the average thirty per cent. The next question, important also for the public in general, was in what time of the year the vaccination should take place? The answer was given that the season of the year had no influence on vaccination; at the same time the speaker modified his idea that children ought to be vaccinated as early as possible; a child, only four or five days old, could be vaccinated without the least danger.

Dr. Neumann brought out some interesting statistical notes in favor of vaccination. In small-pox epidemics mortality is notoriously five times greater with those who have not been vaccinated than with those who have been vaccinated. During the last epidemic in Berlin forty per cent. of the non-vaccinated, two of the vaccinated, and five tenths per cent. of the revaccinated died. [Applause].

Mr. Knöpf (Siebenbürgen) called the vaccination question "a new miscarriage of statistics built on sand." [Great hilarity].

Dr. Kaposi made the final speech, and said that the moral decision about the first question, "Shall there be vaccination or not?" had been given, and that it was now the duty of the Congress to express their opinion honestly and openly.

With regard to the importance of this principal question, Prof. Hebra proposed a resolution, about which the members of the Congress should vote by ballot, signed in their own handwriting.

The resolution was:—

"The third International Medical Congress declares the cow-pox vaccination necessary, and recommends to the respective Governments the introduction of obligatory vaccination."

One hundred and sixty-two ballots had been given, out of which 155 were for and 5 against the resolution. On one ticket there was no name, and on another ticket the name was illegible.

Regarding syphilis and prostitution, an

outline of an international legislative enactment was agreed on, providing that medical treatment of syphilis should be carried on under the direction of the authorities, who should choose the medical officers for the purpose, undertaking also the cost when necessary; that special wards for the treatment of syphilis should be instituted in all hospitals, also under the direction of the public authorities; and that all candidates for licenses to practice medicine should undergo a special examination on syphilis.

The discussion on quarantine in cholera led to the adoption of resolutions that land and river quarantine ought to be abolished, but that maritime quarantine should for the present be continued; and that an international committee should be formed to study the means by which cholera is spread, and to frame regulations more efficient than those at present in force. Regarding quarantine in general, it was agreed that it ought to be limited to the time necessary for the disinfection of the ship, crews, and passengers. It was also recommended that a permanent international committee should be appointed to determine what diseases of men and animals should be subject to quarantine, and to draw up a plan for universal application.

A rather long series of resolutions was passed with regard to the drainage of towns, concluding with the following: "All towns should be obliged to take into mature consideration, with the assistance of approved experts, all questions regarding the cleansing and keeping clean of the ground of the town, and the disposal of ordure. This is required in the interest both of the inhabitants and of national economy in the widest sense of the word."

A resolution recognizing the necessity of an International Pharmacopœia was passed. It was agreed that the Pharmacopœia should contain the most important and generally recognized remedies, and their most necessary excipients and corrigents, with a sufficient scientific description; and that the metric system should be adopted. It was also agreed that it should be recommended to the next International Congress to organize a committee for the formation of such a Pharmacopœia.

Brussels was chosen as the place for holding the next International Medical Congress in 1875.

The session was brought to a close with an address by Professor Rokitsansky.

The Yellow Fever.

About one-eighth of the inhabitants of Shreveport have fallen victims to the yellow fever. On October 7th forty-two interments of yellow fever victims were reported at Memphis, among them being Rev. Father Carey, O. S. A. About 600 cases were under treatment in the infected district. There was a sharp frost on the night previous, but it did not prevent the development of a larger number of new cases than on any previous day.

Personal.

—Dr. Stellwag von Carion has been appointed ordinary professor of ophthalmology in the medical faculty of the University of Vienna.

—M. Coste recently died, at the age of sixty-six. He was Professor of Physiology in the College of France, and was distinguished for his researches on the development of the embryo in man and animals, and more recently for his labors in the cause of pisciculture.

—We regret to learn that Professor Czermak, the celebrated physiologist, died recently at Leipzig.

—The process of incineration has received a slight encouragement on the Continent from the formation of a club at Hamburg, each member of which, on entering, makes a provision in his will that his remains are to be burned after death.

 QUERIES AND REPLIES.

Dr., or M. D.

Dr. S. K., of Va.—Will you inform me which is the more correct on the "shingle" of a physician, "Dr. John Smith" or "John Smith, M. D.?"

REPLY.—Both are equally correct. The most approved custom, however, both in England and this country, is to use the prefix *Dr.*, and not the initials *M. D.* after the name; the reason being that the general title *Dr.* is a recognized university degree applied to Doctors of Law, Medicine, Divinity, Philosophy, etc., while the degree of *Medicine Doctor* may be given by mere medical schools.

 Skeletons.

Dr. E. P., of Tenn.—A bleached and articulated skeleton will cost you from \$45.00 to \$50.00.

 OBITUARY.

 DR. THOMAS MILLER.

This eminent physician was born in the town of Port Royal, Caroline county, Virginia, February 18th, 1806, and died suddenly at his residence, in the city of Washington, D. C., September 20th, 1873.

He attended a course of lectures in the medical department of Columbian College, and in the fall of 1827, or 1828, went to Philadelphia and entered as a student in the University of Pennsylvania, from which institution he graduated in the spring of 1829.

Returning to Washington he commenced the practice of his profession, which, from that time to the day of his death, he pursued with assiduity and increasing reputation.

In 1839 he was appointed professor of anatomy in the Columbian College, a chair which he filled for twenty years with distinguished ability. In 1869 he was elected *emeritus* professor of anatomy and physiology, and president of the faculty, which position he occupied at the time of his demise.

He was a ready and vigorous writer, but has published very little considering the prominent position he held in the profession and before the public. Among his publications are: An Introductory Lecture before the Medical Class of Columbian College in 1840; an Address to the Medical Department of the College in 1842, and a Eulogy on the Life and Character of Dr. Joseph Lovell, of the United States army, in 1846.

He also contributed the following to medical history: Biographical Sketch of the Professional Life and Character of Henry Hunt, M. D., 1838; The Case of the late President W. H. Harrison, 1841; Case of Retained Fetus for Three Years, 1842; Case of Colloid Tumor in the Cavity of the Cranium, 1845.

 MARRIAGES.

BLACKWOOD—GERHART.—On the 23d ult., by the Rev. J. Pleasanton Du Hamel, William R. D. Blackwood, M. D., and Miss Ida C. Gerhart, both of this city.

CAMPBELL—CUTHELL.—At Calvary Church, Sept. 17th, by Rev. Washington Rodman, Arch. M. Campbell, M. D., and Mary Louise, daughter of the late John Cuthell, all of West Farms, N. Y.

HARROP—BAILEY.—September 25th, at the residence of the bride's father, Dr. S. C. Bailey, Columbus, O., by the Rev. Wm. E. Moore, Mr. Joseph Harrop, of Leavenworth, Kansas, and Miss Hatlie J. Bailey.

HUSTON—RIDDLE.—In Waterford, Pa., on the 3d inst., by the Rev. T. T. Bradford, assisted by the Rev. T. H. Delamater, Joseph H. Huston, M. D., of Nittany, Pa., and Evelyn H. Riddle, of the former place.

MUSSEY—SWAIN.—In West Philadelphia, on the 24th ult., at the residence of the bride's aunt, Mrs. E. D. Saunders, by the Rev. S. W. Dana, Milton B. Mussey, M. D., of this city, to Carrie M. Swain, late of Newark, N. J., daughter of the late Mahlon F. Swain.

TRENEHARD—HANNON.—In Deerfield, N. J., Sept. 17th, by the Rev. R. Hamill Davis, Albert Trenehard, M. D., of Williamstown, N. J., and Maggie D. Hannon, of Deerfield.

 DEATHS.

BOONE.—September 21st, in Hestonville, Phila., Bertha Easton, youngest daughter of the late Dr. William Henry Boone, in the fifteenth year of her age.

KEFFER.—September 27th, in New Orleans, of fever, Dr. Fred. A. Keffer, son of Geo. and Margaret Keffer, of Philadelphia.

McLERNY.—In this city, September 27th, Dr. Bernard McLerny, aged 40 years.

MILLER.—In Elvaston, Ill., of dysentery, August 18th, Jessie Iona, daughter of David Miller, M. D., and Mary Miller, formerly of Beaver Co., Pa., aged 13 months and 6 days.

PECK.—At Hopewell, Lower Cape, Albert County, New Brunswick, Sept. 23, of pulmonary tuberculosis, Dr. Alexander L. Peck, eldest son of Miles and Rebecca C. Peck, in the 27th year of his age.

TAYLOR.—At Belmont Place, near Newport, Ky., Sept. 23d, Belle F. Taylor, wife of Dr. James Taylor.

TREADWELL.—Dr. Samuel Treadwell, for several years President of the Queen's County, N. Y., Medical Society, and a leading physician and surgeon, died, Sept. 25th, at his residence, North Hempstead, Long Island, N. Y.

WILD.—At College Hill, Cincinnati, Sept. 25th, Dr. Levi Wild, aged 30 years and 1 month.